

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90025 009 \*\*\*\*61.25

**DOCUMENT # N44254**

1. Entity Name

**INTERMEDICO, INC.**

Principal Place of Business

695 SW 98TH LANE  
 Ocala FL 34476  
 US

Mailing Address

P O BOX 6552  
 Ocala FL 34478  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3078361**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDALL N. THORNTON, ATTY. AT LAW**  
**2008 N C-470**  
**P O BOX 58**  
**LAKE PANASOFFKEE FL 33538**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: HOLSTEIN, ROBERT B  
 STREET ADDRESS: 1344 CR 482 NORTH  
 CITY-ST-ZIP: LAKE PANASOFFKEE FL  
 Delete

TITLE: PD  
 NAME: Holstein, Robert B  
 STREET ADDRESS: 12001 E. River Run Ct.  
 CITY-ST-ZIP: INVERNESS, FL 34450  
 Change  Addition

TITLE: STD  
 NAME: HUSTED, JAMES M.  
 STREET ADDRESS: 695 SW 98TH LANE  
 CITY-ST-ZIP: Ocala FL  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: VD  
 NAME: NALYWAIKO, GEORGE  
 STREET ADDRESS: 3426 E. 8TH ST  
 CITY-ST-ZIP: ANDERSON IN  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: D  
 NAME: WANNER, CHARLES G.  
 STREET ADDRESS: 102 E. JULIE ANN DRIVE  
 CITY-ST-ZIP: PENDELTON IN  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James M. Husted*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/11/01  
 Date

(352) 237-5014  
 Daytime Phone #

CR2E037 (10/00)